FILED JUL 15 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21385

Registration District No. 1458 Primary Registration District No. 5-2-23-5212 Registrar's No. 17

1. PLACE OF DEATH:
(a) County Cass
(b) City or town Rural Mt Pleasant
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cass
(c) City or town "Rural" - Belton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. N. E. Belton, Mo
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME IRENE F. SMITH
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George R Smith
6. (c) Age of husband or wife if alive 55 years
7. Birth date of deceased August (Month) 11 (Day), 1889 (Year)

8. AGE: Years 51 Months 10 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace Kirksville (City, town, or county) Iowa (State or foreign country)
10. Usual occupation At home
11. Industry or business
12. FATHER Name John D. Funk
13. FATHER Birthplace Kirksville (City, town, or county) Iowa (State or foreign country)
14. MOTHER Maiden name Etta Mc Dole
15. MOTHER Birthplace Eddyville (City, town, or county) Iowa (State or foreign country)
16. (a) Informant's own signature George R. Smith
(b) Address R.F.D. Belton, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/23/41 (Month) (Day) (Year)
(c) Place: burial or cremation Belton, Mo.
18. (a) Signature of funeral director E. R. George & Sons
(b) Address Belton, Mo.
19. (a) 6-23-41 (Date received local registrar) (b) R M Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21
year 1941 hour 8 minute 8:30 A.M.
21. I hereby certify that I attended the deceased from June 3, 1941, to June 21, 1941; that I last saw her alive on June 20, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hodgkins Disease	about 3 yr
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R M Miller (M. D. or other)
Address Belton Mo Date signed 6-23-41

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should study CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

448

MAR 13 1944

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

No. 2B
4-25-41
I X27852

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21385

Registration District No. 148 Bates

Primary Registration District No. 3212

Registrar's No.

1. PLACE OF DEATH:

(a) County Cass

(b) ~~City or town~~ Mt Pleasant

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town

(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Rene F Smith

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 51 | Months 10 | Days 10 | If less than one day: hr. min.

9. Birthplace (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

SUPPLEMENTARY

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21

year 1941 hour minute M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ;

that last saw h alive on , 19 ;

and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease — Duration

Aneurysm and Dilation of Aorta

Due to Hodgkins disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature R M Miller (M. D. or other)

Address Belton Mo Date signed 6-23-41